#### **APPLICATION DATA SHEET**

#### **Application Information**

**Application Type::** 

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

None

Title::

**BIOLOGICALLY ACTIVE AGENT DELIVERY** 

APPARATUS AND METHOD

Attorney Docket Number::

VASC 1020-2

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

3

**Total Drawing Sheets::** 

13

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

**Full Capacity** 

Given Name::

Bruce

Middle Name::

J

Family Name::

Barclay

City of Residence::

Cupertino

State or Province of Residence:: California

Country of Residence::

US

Street of mailing address::

22209 Hammond Way

City of mailing address::

Cupertino

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Initial 07/20/01

State or Province of mailing address:: California

Postal or Zip Code of mailing address:: 95014

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Kirti

Middle Name:: P.

Family Name:: Kamdar

City of Residence:: Sunnyvale

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 692 Thorn Apple Drive

City of mailing address:: Sunnyvale

State or Province of mailing address:: California

Postal or Zip Code of mailing address:: 94806

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Katherine

Middle Name:: J.

Family Name:: Klumb

City of Residence:: Los Altos

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 12195 Magdalena Avenue

City of mailing address:: Los Altos

State or Province of mailing address:: California

Postal or Zip Code of mailing address:: 94024

# **Correspondence Information**

Correspondence Customer Number::

22470

### **Representative Information**

Representative Customer Nu	mber::	22470	

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Parent Filing	
		Application::	Date::
This Application	continuation in part of	09/740,597	12/19/00

# **Assignment Information**

Assignee Name::

Vascular Architects, Inc.